

Semi Contact Fitness I	oxing Classes - 2021
Please complete all the fields below in legible handwriting	nd mark one character per square, letters in CAPTIALS.
First Name:	
riist ivaille.	
Surname:	
Date of Birth:	
<u>Please</u>	<u>rcle</u>
Male - Female	Adult - Student (Valid Student ID required)
	(valia statent ib required)
Address:	
Postsodo: Tolon	ana:
Postcode: Telep	one.
Emergency Contact Number:	(Must be supplied)
Email:	
ISLINGTON COMMUNITY SPORTS ACADEM	- RECREATIONAL BOXING SECTION 2021
Does the proposed associated member have any serious medical of	
training? Yes / No If yes, please supply details.	
I have read and fully understand the rules and regulations of Islington Communi	Sports Academy (ICSA) that are posted in the club premises and agree to abide
by them at all times. I know that failure to do so could result in my registration be My signature appears below to clarify this statement. I am also aware that my re	
As in any other sport in which contact occurs, there can be a risk of injury to the pa	icipants. You can be assured that every precaution is taken by the
club/coaches to minimise these risks, but you must understand it can happen and form, you agree that any injury that occurs due to the nature of the contact sport	entirely at your own risk.
I agree that any photography/filming produced by the club or an agreed third part Academy and can be used by ICSA/Islington Boxing Club or by those given permiss	
I understand that under $\underline{\text{NO}}$ circumstances will there be any refunds on membersh	fees.
I understand that the club may need to use my details for reasons of health and sa This registration is for the Recreational section <u>only</u> and is <u>not</u> transferable to othe	
I understand that membership to the club is for a <i>calendar</i> year only regardless of I agree to the club being able to use my personal details for their own use only and	· ·
users, members and supporters. This information will be stored under Data Protec	
Signed	Date Date
If applicant is under 17 this section to be completed b	Parent/Guardian
If signing for a person under the age of 17, I as the Parent/Guardian, give person upon point on. If my child partakes in contact boxing it is done completely at his,	ssion for my child to participate in Recreational Boxing and is fit to do so in
Signed	Date